



WARRANT CANCELLATION FORM

Reason For Cancellation:

Duplicate Payment

Wrong Vendor

Wrong Amount

Payment No Longer Necessary

Warrant #

Dept. #

Amount

Voucher #

Warrant Date

Vendor #

Was the warrant charged to a federal program?

Yes

No

Please provide the complete FINET coding block. Please be aware that we are only able to enter one line of coding. If more is required your department will need to do an IET to redistribute the funds correctly.

FUND	DEPT	UNIT	APPR	OBJ / REV	ACTV	FUNCTION	PROGRAM	PHASE

I, the Department Representative, request that the above referenced warrant be canceled and not replaced.

Signature _____

Telephone # _____

Note: If you have the warrant, mark it VOID and attach it to this form.

Office use only:

Ref # _____